

Individual Financial Statement

Please complete all information which pertains to you. Print or Type.
(If there is insufficient room on this form to provide all information, complete on separate paper and attach.)

| | | | | |
|---|--|--|---|--|
| Name | | TO: Michigan State Housing Development Authority 735 E. Michigan Avenue Lansing, MI 48912 | | |
| Residence Address | | LENDER | | |
| Phone | | PERSONAL INFORMATION | | |
| City State Zip | | Are any assets pledged other than as described on schedules? If yes, describe. | | |
| Social Security Number | | Are you a partner or officer in any other venture which could result in individual liabilities? If yes, describe. | | |
| Position or Occupation | | Are you obligated to pay alimony, child support or separate maintenance payments? If yes, describe. | | |
| Business name | | Income tax settled through (Date) | Are you a defendant in any suits or legal actions? If yes, describe on separate sheet and attach. | |
| Business Address | | Do you have a will? If yes, name executor. | | |
| Phone | | Personal bank accounts carried at: | | |
| City State Zip | | Have you ever sought protection under the bankruptcy laws? If yes, describe. | | |
| SOURCES OF INCOME FOR YEAR ENDED YOU ARE NOT REQUIRED TO DISCLOSE INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS. HOWEVER, IF YOU ARE RELYING ON INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE AS A BASIS FOR REPAYMENT OF YOUR OBLIGATIONS TO THE LENDER PLEASE INDICATE BELOW. | | CONTINGENT LIABILITIES | | |
| | | Do you have any contingent liabilities? If yes, describe. | | |
| Salary, Bonuses, Commissions | | As Endorser, Co-Maker or Guarantor? | | |
| Dividends | | On Leases or Contracts? | | |
| Real Estate Income | | Legal Claims? | | |
| Other Income | | Other Special Debt? | | |
| TOTAL \$ | | Amount of Contesting Income Tax Liens | | |
| | | TOTAL: | \$ | |
| ASSETS (IN DOLLARS, OMIT CENTS) | | COLUMN I TOTAL AMOUNT (Including Joint Ownership) | COLUMN II JOINT OWNERSHIP (Excluding Sole Ownership) | COLUMN III NET AMOUNT (Column 1 Less 2) |
| Cash on hand and in Banks (Schedule A) | | \$ | \$ | \$ |
| Marketable Securities (Schedule B) | | | | |
| Non-Marketable Securities (Schedule B) | | | | |
| Accounts Receivable (Schedule C) | | | | |
| Notes Receivable (Schedule C) | | | | |
| Life Insurance-Cash Surrender Value (Schedule D) | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL CURRENT ASSETS | | \$ | \$ | \$ |
| Mortgages Receivable | | | | |
| Real Estate Sold on Contract (Schedule E) | | | | |
| Real Estate (Schedule F) | | | | |
| Furniture, Fixtures, Machinery | | | | |
| Automobiles | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL ASSETS: | | \$ | \$ | \$ |
| LIABILITIES AND NET WORTH (IN DOLLARS, OMIT CENTS) | | | | COLUMN IV TOTAL AMOUNT (Including Joint Liabilities) |
| Notes Payable-Banks-Secured (schedule G) | | | | \$ |
| Notes Payable-Banks-Unsecured (Schedule G) | | | | |
| Notes Payable-Equipment | | | | |
| Notes Payable-Other | | | | |
| Accounts Payable | | | | |
| Taxes: Income and Property | | | | |
| Credit Card Accounts Payable | | | | |
| Loans on Life Insurance | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL CURRENT LIABILITIES | | | | \$ |
| Mortgages on Real Estate Sold on Contract (Schedule E) | | | | |
| Mortgages or Land Contracts on Real Estate (Schedule F) | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL LIABILITIES | | | | \$ |
| Net Worth Including Joint Assets (Column I less Column IV) | | | | |
| Individual Net Worth (Column III Less Column IV) | | | | |
| TOTAL LIABILITIES AND NET WORTH: | | \$ | \$ | \$ |

COMPLETE SCHEDULES ON SECOND PAGE.
YOUR SIGNATURE CERTIFIES THE ACCURACY OF THE INFORMATION SET FORTH ABOVE.

| SCHEDULE A - DEPOSITS | | | | | | |
|---|--|---|---|----------------------------------|---------------------------------------|-------------------------------------|
| NAME OF FINANCIAL INSTITUTION | | ACCOUNT IN NAME(S) OF | TYPE OF ACCOUNT (Checking, Savings, C.D., IRA, etc.) | | CURRENT BALANCE | |
| | | | | | \$ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SCHEDULE B - MARKETABLE / NON-MARKETABLE SECURITIES | | | | | | |
| MARKETABLE/ NON-MARKETABLE | NO. OF SHARES OR PAR VALUE OF BONDS, NOTES & BILLS | IN NAME(S) OF | DESCRIPTION | | MARKET VALUE | PLEDGED? |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SCHEDULE C - ACCOUNTS AND NOTES RECEIVABLE | | | | | | |
| DESCRIPTION OR NAME OF BORROWER | | PAYABLE TO | % OWNERSHIP | SECURED OR UNSECURED? | AMOUNT OF LOAN (INDICATE MATURITY) | PLEDGED? |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SCHEDULE D - LIFE INSURANCE CARRIED INCLUDING GROUP INSURANCE | | | | | | |
| AMOUNT | OWNER OF THE POLICY | NAME(S) OF INDIVIDUAL(S) COVERED | NAME OF ISSUING COMPANY | BENEFICIARY | CASH SURRENDER VALUE | POLICY LOANS FROM ISSUING CO. |
| \$ | | | | | \$ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SCHEDULE E - REAL ESTATE SOLD ON CONTRACT | | | | | | |
| DESCRIPTION AND LOCATION | OWNER(S) OF RECORD | AMOUNT SOLD FOR | UNPAID BALANCE | MORTGAGES | MONTHLY CONTRACT PAYMENT | |
| | | \$ | \$ | \$ | \$ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SCHEDULE F - REAL ESTATE | | | | | | |
| DESCRIPTION AND LOCATION | OWNER(S) OF RECORD | PURCHASE PRICE | PRESENT VALUE | OWING ON MORT. OR CONTRACT | HOLDER OF MORTGAGE OR CONTRACT | MONTHLY RENT |
| | | \$ | \$ | \$ | | \$ |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SCHEDULE G - NOTES AND LOANS PAYABLE | | | | | | |
| NAME OF LENDER | INDIVIDUAL OR JOINT | TYPE OF SECURITY (Mark "N/A" if Unsecured) | MATURITY DATE (If Installment Mark "I/L") | AMOUNT OF INSTALLMENT | BALANCE DUE | |
| | | | | \$ | \$ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| <p>The information contained in this statement is provided to the Lender for the purpose of obtaining, or maintaining credit with the Lender, or to support the applicant's joint or individual guarantee on behalf of other persons, firms, or corporations who are obtaining credit accommodations from the Lender. The applicant understands that the Lender will rely on the information given in making its decision to either grant or maintain such credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my credit worthiness. You are authorized to answer questions about your credit experience with me.</p> | | | DATE SIGNED _____ | | | |
| | | | SIGNATURE X _____ (Applicant) | | | |
| | | | WITNESS X _____ | | | |
| | | | | | | |